

Improving medication access for the uninsured

The internal medicine clinic at Cardinal Health System (CHS) in Muncie, Indiana, is staffed by resident physicians and provides health care to many uninsured patients with severely limited incomes. With the high cost of prescription medications, drug therapy in these patients is suboptimal. The pharmacy staff led the development of a program to improve medication access for these indigent patients.

To receive maximum benefit from prescribed therapies, patients need an adequate supply of their medications. Sources available to internal medicine clinic patients include drug samples and manufacturers' patient assistance programs. Drug samples are limited in the clinic, and attempts to use samples to treat chronic conditions result in frequent medication changes based on sample availability. Also, the dependency on samples trains physicians to prescribe the newest, most expensive medications.

The clinic staff uses patient assistance programs to obtain medications for patients who qualify to receive them, but there are limitations to these programs.

It takes about one month for patients to receive their medication from the manufacturer. Assistance programs cannot be used to obtain drugs such as analgesics or antimicrobials for acute problems.

Both limited access and frequent medication changes lead to noncompliance, poor outcomes, and higher costs to the health system. The pharmacy staff worked to increase awareness of assistance programs for qualified patients, develop an organized approach to the use of these programs, and create a formulary of low-cost prescription drugs available to patients for a nominal fee.

Pharmacy presented an inservice education program to inform the medicine clinic staff about patient assistance programs and developed a manual for using the programs. The manual includes instructions for use, annual update instructions, forms for tracking patient medication requests, a directory of drug companies, the Pharmaceutical Research and Manufacturers of America directory of patient assistance programs, lists of Internet sites and local agencies for patient assistance, and an alphabetical file by manufacturer for forms and

instructions. In addition, a list of common pharmaceuticals available through assistance programs was compiled for the physicians.

The internal medicine clinic staff, medical education department, and pharmacy services department developed the medication access program to use the health system's purchasing ability to provide low-cost medications to patients in need. A limited formulary of drugs that can be purchased at nominal prices and meet the needs of many patients was developed (table). The Ball Memorial Hospital Foundation of CHS provided initial funding of \$5000 to the medicine clinic to purchase these drugs. We estimate that an annual budget of \$5000 could help 100 patients with hypertension, 50 patients with asthma, 50 patients with ulcers, 100 patients needing estrogen replacement therapy, 250 patients with acute infections, and 100 patients with acute injuries. Clinic staff members identify the qualifying patients and mark their charts. Physicians thus know, before prescribing, which patients need assistance and can make drug treatment choices accordingly. The CHS Pavilion Pharmacy donates dispensing services.



The Letters column is a forum for rapid exchange of ideas among readers of AJHP. Liberal criteria are applied in the review of submissions to encourage contributions to this column.

The Letters column includes the following types of contributions: (1) comments, addenda, and minor updates on previously published work, (2) alerts on potential problems in practice, (3) observations or comments on trends in drug use, (4) opinions on apparent trends or controversies in drug therapy or clinical research, (5) opinions on public health issues of interest to pharmacists in health systems, (6) comments on ASHP activities, and (7) human interest items about life as a pharmacist. Reports of adverse drug reactions must present a reasonably clear description of causality.

Short papers on practice innovations and other original work are

included in the Notes section rather than in Letters.

Letters need not be submitted with AJHP's manuscript checklist. The following conditions, however, must be adhered to: (1) the body of the letter must be no longer than two typewritten pages, (2) the use of references and tables should be minimized, (3) the number of authors should be no more than three, (4) the authors' names, affiliations, and mailing addresses must be typed at the end of the letter in the format used by AJHP, and (5) the entire letter (including references, tables, and authors' names) must be typed double-spaced. After acceptance of a letter, the authors are required to sign an exclusive publication statement and a copyright transferal form. All letters are subject to revision by the editors. Authors do not receive proofs of edited letters.

Letters may be sent via the Internet to ajhp@ashp.org.

Formulary for Medication Access Program

Antimicrobials

- Amoxicillin 500 mg (1 q.i.d.)
- Sulfamethoxazole–trimethoprim double-strength (1 b.i.d.)
- Erythromycin 500 mg (1 q.i.d.)
- Doxycycline 100 mg (1 b.i.d.)

Antidepressant

- Amitriptyline 50 mg (1–3 q.h.s.)

Analgesics

- Cyclobenzaprine 10 mg (1 t.i.d.)
- Ibuprofen 800 mg (1 b.i.d. to t.i.d. as needed)

Cardiovascular Agents

- Atenolol 50 mg (1–2 q.d.)
- Captopril 25 mg (1–6 mg b.i.d. or t.i.d.)
- Clonidine 0.1 mg (1–3 b.i.d.)
- Furosemide 20 mg (1–4 q.d.)
- Hydrochlorothiazide 25 mg (1–4 q.d.)
- Potassium chloride extended-release 20 meq
- Digoxin 0.125 mg, 0.25 mg (1 q.d.)
- Nitroglycerin patch all sizes (1 q.d.)
- Verapamil extended-release 240 mg (q.d.)

Anticoagulant

- Warfarin all strengths (1 q.d. as directed)

Corticosteroid

- Prednisone 5 mg 21-pack (6 tabs day 1, then taper by 1 tab daily)

Diabetes Agents

- Glyburide 5 mg (1 q.d.)
- NPH Insulin 10 mL (as directed)
- Regular Insulin 10 mL (as directed)

Decongestant

- Guaifenesin–phenylpropanolamine extended-release (1 b.i.d.)

Estrogen Replacement Therapy

- Estradiol patch 0.05 mg, 0.075 mg, 0.1 mg (1 every 7 days)

Thyroid Hormone Replacement Therapy

- Levothyroxine 100 µg, 200 µg (1/2 to 1 q.d.)

Gastrointestinal Agents

- Famotidine 20 mg (1–2 q.d.)
- Metoclopramide 10 mg (1 before meals and at bedtime)

Pulmonary Agent

- Albuterol inhaler
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This program, which began November 1, 1999, provided 597 prescriptions in the initial four months at an average cost of \$2.93 and a total cost to the program of \$1753. Patients are responsible for a \$1 copayment, which goes toward the program's purchase of additional medications. The medicine clinic and pharmacy team plan to evaluate the effect of the program on participants' outcomes and medication adherence.

Charla K. Weir, Pharm.D., Pharmacy Coordinator
Pharmacy Service
Saint John's Health System
2015 Jackson Street
Anderson, IN 46016
ckweir@sjhsnet.org

Julia A. Borgmann, Pharm.D., BCPS, Ambulatory Care Clinical Specialist
Pharmacy Service
Ball Memorial Hospital
Muncie, IN 47303

Medication display board in an HIV clinic

Complex drug regimens can be difficult to adhere to, but adherence is essential to successful treatment outcomes. This is especially true in patients with HIV infection. In an effort to help HIV-infected patients comply with their therapy, pharmacists at Indiana University Medical Center created a display board of antiretroviral medications for patients to view in the HIV clinic before actually using the products.

At a local recreation store, we purchased four-compartment fishing tackle boxes made of clear plastic. We labeled three of the compartments of each box "Morning," "Afternoon," and "Evening" and labeled the fourth compartment with the brand and generic drug names (figure). Using donated or expired products, we filled each box with the normal daily dose of an HIV medication. We hung the boxes of different medications

on a large piece of corkboard using pushpins and placed the board in the patient education room of the HIV clinic. When a drug regimen is to be started, a pharmacist can easily remove the appropriate box from the display board to show to the patient.

Patients with HIV need a concrete sense of the commitment required to achieve treatment success. We, as health care professionals, must inform them that they will have to take multiple pills daily to control the virus. Actually show-